

EXHIBIT E

FEB.21.2002 10:49AM LEGAL/GEN. COUNSEL



NO.018 P.3

CLAIM OFFICE ADDRESS:

100 LIBERTY WAY

DOVER, NH 03820

CONTACT: STAFFORD, M

PHONE: 603-749-2600 EXT 2129

INSURED NAME:

USM CORPORATION

CLAIMANT NAME:

VARIOUS, (ADAMSBILLY)

ACCIDENT DATE:

05/03/1978

CHECK NUMBER:

80161889

ISSUE DATE:

02/12/200

CLAIM NUMBER:

P 033-131807-01

POLICY NUMBER:

LG1612004059215240

INSURED OPERATOR:

COV	SERVICE	ADJUST	PAID
TYPES	PROVIDER FROM - THRU	CODE	AMOUNT
PRBI	BLACK 01/30/2002		47565.60

PAYMENT SENT TO:
BLACK & DECKER CORP

SUB TOTAL 1 47565.60
DEDUCTIBLE 0.00
SUB TOTAL 2 47565.60
WITHHOLDING TAX 0.00
CHECK AMOUNT 47565.60

COVERAGE TYPES

PRBI: PRODUCTS/COMPLETED OP -BI

ADJUSTMENT CODE NOTES

EOP NOTES

DEFENSE COSTS THRU 1/30/2002 FOR ARKANSAS HEARING LOSS LITIGATION
MATTER.

NO-80161889

A CODE

281



DATE OF CHECK 02/12/02
CLAIM NUMBER P 033-131807-01

VOID IF NOT PRESENTED WITHIN 90 DAYS FROM ABOVE DATE

PAY TO THE ORDER OF
BLACK & DECKER CORP
711 WESB JOHNS RE
BALTIMORE, MD 21146

AMOUNT \$47,565.60

MAJORITY

TWO SIGNATURES REQUIRED IF AMOUNT EXCEEDS \$10,000

NOT VALID IN EXCESS OF \$47,565.60

"80161889" 1011900445

67589

FEB.21.2002 10:52AM LEGAL/GEN: COUNSEL



NO.018 P.7

CLAIM OFFICE ADDRESS:

100 LIBERTY WAY
DOVER, NH 03820
CONTACT: O'NEIL, O
PHONE: 603-749-2600 EXT 2240

ACCIDENT DATE:
07/01/1978

CHECK NUMBER: 80161891
ISSUE DATE: 02/12/2001

CLAIM NUMBER:
P 033-138105-01

INSURED NAME:
BLACK & DECKER
CLAIMANT NAME:
SHADDOX, HENRY LEE

POLICY NUMBER:
LG1131010406158240
INSURED OPERATOR:

COV	SERVICE	ADJUST	PAID		
TYPES	PROVIDER	FROM - THRU	CHARGE	CODE	AMOUNT
OPBI	BLAC	01/30/2002	481831.88		481831.88

PAYMENT SENT TO:
BLACK & DECKER (US) INC

SUB TOTAL 1 481831.88
DEDUCTIBLE 0.00
SUB TOTAL 2 481831.88
WITHHOLDING TAX 0.00
CHECK AMOUNT 481831.88

COVERAGE TYPES:

OPBI: OPERATIONS - BI

ADJUSTMENT CODE NOTES

EOP NOTES:

DEFENSE COSTS THRU 1/30/2002 FOR MISSISSIPPI HEARING LOSS LITIGATION MATTER.

AC 80161891

LIBERTY Mutual

80161891

033-138105-01

BLACK & DECKER (US) INC

781 E WOPPA ROAD

THOMSON MD 21286

TWO SIGNATURES REQUIRED IF AMOUNT EXCEEDS \$10,000

NOT VALID IN EXCESS OF \$481831.88

80161891 00119004450 675891

FEB.21.2002 10:50AM LEGAL/GEN. COUNSEL

CLAIM OFFICE ADDRESS:

100 LIBERTY WAY

DOVER, NH 03820

CONTACT: RAMIREZ, N

PHONE: 603-749-2600 EXT 2133

INSURED NAME:

BLACK & DECKER MANUFACTURING C

CLAIMANT NAME:

ANDERSON, JESSE



NO.018 P.4

CHECK NUMBER:

80161888

ISSUE DATE:

02/12/2002

ACCIDENT DATE:

06/30/1979

CLAIM NUMBER:

P 033-650910-01

POLICY NUMBER:

LG1131010406158240

INSURED OPERATOR:

COV		SERVICE		ADJUST	PAID	
TYPES	PROVIDER	FROM	- THRU	CHARGE	CODE	AMOUNT
PRBT	BLACK	01/30/2002		144204.00		144204.00

PAYMENT SENT TO:
BLACK & DECKER CORP

SUB TOTAL 1 144204.00
DEDUCTIBLE 0.00
SUB TOTAL 2 144204.00
WITHHOLDING TAX 0.00
CHECK AMOUNT 144204.00

COVERAGE TYPES

PRBI: PRODUCTS/COMPLETED OP -BI

ADJUSTMENT CODE NOTES

EQP NOTES

DEFENSE COSTS THRU 1/30/2002 FOR THE MS HAND ARM VIBRATION LITIGATION MATTER.

NO-80161888

ISSUED 02/12/02

LIBERTY MUTUAL

PAID 144204.00

YOU MUST PRESENTED WITHIN 6 MONTHS FROM ABOVE DATE

PAY TO THE ORDER OF

BLACK & DECKER CORP

11 EAST JONES RD

BALTIMORE, MD 21286

TWO SIGNATURES REQUIRED IF AMOUNT EXCEEDS \$10,000

NOT VALID IN EXCESS OF \$144,204.00

"80161888" "011900445"

67589"